

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/576190

FILING DATE

APPLICANT(S)

CLAIMS

①	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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48						
49						
50						
TOTAL IND.	1	↓	0	↓	0	↓
TOTAL DEP.	9	←	0	←	0	←
TOTAL CLAIMS	10		0		0	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	